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“Enlightened coercion” and “therapeutic punishment” are not oxymorons, according to the drug court movement. Drug court judges rightly call what they do a “movement.” Many see themselves as “missionaries, leading lost souls to salvation” (58), and they have created over 2,700 drug courts since they were first invented in 1989 to cope with the flood of crack cases. They stand on a dual premise: since addiction underlies much crime, treating it will reduce recidivism; but since voluntary treatment is often powerless against addiction, the “therapeutic tool” of punishment is required for treatment to succeed.

This has changed the criminal justice system. Drug courts are now the largest source of referrals to treatment. People arrested for drug offenses must plead guilty and waive their right to trial to be “accepted” into drug courts. Defense attorneys must drop their adversarial role and become part of the drug court “team,” meeting with judges, therapists, probation officers, and prosecutors to share details of the participants’ behavior and determine their “needs” – not for a vigorous defense or fair trial but for the optimal mix of “carrots and sticks” needed for “recovery.” “Participants” who succeed say drug courts helped turn their lives around; those who don’t can end up worse off.

The core question in this book is whether addiction is a disease that should be treated or a crime that should be punished. Author Jennifer Murphy digs into this by means of an institutional ethnography of a drug court and affiliated treatment programs to see how they define and deploy the concept of addiction. Her inductive, grounded theory approach weaves together observations of a drug court and affiliated treatment programs, depth interviews with staff and participants, and an analysis of court documents. The result is a fascinating case study in social constructionism that illustrates the continuing relevance of labeling theory and raises critical questions about the medicalization of addiction. Disease and deviance are different discourses and point in different policy directions. But she shows that drug courts, treatment programs, and most of the public see addiction as both.

A central theme is the fundamental ambiguity of addiction-as-disease. Addiction is empirically constituted by specific institutional practices that label and manage drug users. As Murphy shows, the ambiguous definition of addiction is functional; it legitimates the paradoxical policy mix of drug courts. Because drug addiction can be construed as disease, addicts can get treatment. Because addiction remains criminalized, this treatment rests (often uneasily) on punishment.

“Therapeutic punishment,” is meted out for a “dirty urine” indicating drug use, but also for failing to find a job or breaking rules about attendance and punctuality. Punishments range from trivial to tragic -- writing an essay for the judge on the importance of keeping therapy appointments or being sentenced to a full prison term. Judges and treatment providers alike justify all such punishments in terms of therapeutic value.

The National Institute of Drug Abuse has long tried to establish addiction as a disease. But Murphy shows that such medicalization efforts remain ineluctably partial. In drug courts and the treatment programs they feed and fund, the omnipresent threat of punishment marks addiction as distinct from other diseases. Cardiac patients or diabetics who “slip” and eat cheesecake or miss medical appointments are not sent to jail. As Murphy puts it, “Is there any other disorder, even another mental health problem, where treatment demands that a person do a moral assessment of his or her own defects and weaknesses?” (131)

Americans have been socialized by a century of racialized drug scares that stigmatized drug users as immoral criminals. That stigma still permeates the culture, so we end up with a medical/moral hybrid -- a disease that is punished. Indeed, Murphy suggests that attempts to medicalize addiction have given new shapes to the old stigma. The latest neurocentric view of addiction as a chronic brain disease leaves addicts powerless before their damaged neuronal networks and thus helps justify coercive control. The most effective treatment for opiate addiction is methadone maintenance, but methadone patients remain stigmatized as “still addicted.” The 12-Step model of Alcoholics Anonymous is central to drug courts and treatment programs, but this model, too, smuggles in moralistic assumptions about addiction stemming from a “spiritual void” within the addict.

Murphy’s drug court judges and treatment program staff are overwhelmingly educated, middle-class whites while their charges are mostly poor blacks with little education. The judges and treatment staff understand that addicts’ problems stem in significant part from social-structural factors like chronic joblessness. Yet the solutions they

impose all focus on addicts' "individual responsibility" (which could be called sociological denial). The stresses of poverty contribute to participants' family problems, but these get translated into symptoms of addiction. Murphy notes how this skews causal influence in one direction: "Addiction becomes the source of other social problems rather than the result...." (19)

The empirical spine of this book is a single-city case study, and the author is laudably candid on its limitations. It is, however, a rich case study, well situated in relevant literatures and packed with interesting data and analytic insights that lay bare the common conundrum faced by other drug courts and treatment programs. Professionals in criminal justice and treatment will find the book provocative in the best sense, and it will provide valuable material for courses on addiction, criminal justice, deviance, and public health.

Murphy supports treatment, but remains skeptical about how drug courts do it. "Drug courts are better than merely locking up offenders. But why are these our only two choices?" (172). She includes moving accounts of life-altering recovery by some participants grateful for drug courts, but she also shows that despite medicalization, courts and treatment programs continue to stigmatize and punish addicts in ways that dig them deeper into the hole. While she recommends thinking more seriously about harm reduction, diversion, and decriminalization, she sees no clear path out of the fundamental ambiguity of addiction that lies at the heart of drug courts.[]

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